

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| | SF | | 9-20-01 |
| FEE DETERMINATION | | | 9-27-01 |
| O.I.P.E. CLASSIFIER | | | 10/15/01 |
| FORMALITY REVIEW | th | 1124 | 11/15/02 |
| RESPONSE FORMALITY REVIEW | m | 945 | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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2686
 10/15/01
 836
 01-15-02